				Application or Docket Number							
	PATENT		ATION FEE D	ON RECOR	D	09	6	685	208		
		CLAIM	S AS FILED - (Column 1)	SMA TYP	LL ENTITY	OR	OTHER				
FOR			NUMBER FILED NUMBER EXTRA			RAT	E FEE	7	RATE	FEE	
BASIC FEE						345.00	OR		690.00		
TOTAL CLAIMS			35 minus 20= * 12			X\$ 9	= 108	OR	X\$18=		
!	DEPENDENT CL					X39	= 195	OR	X78=		
MU	JLTIPLE DEPEN	NDENT CLA	MM PRESENT		+130)=	OR	+260=			
* 15	the difference	in column	1 is less than z	column 2	TOTA	AL 648	OR	TOTAL			
	С		AS AMENDE	(0.1	CMA	LL ENTITY	OTHER THAN ENTITY OR SMALL ENTITY				
<u> </u>	Y Charles Con	(Columi		(Column 2) HIGHEST	(Column 3)	SINIA		7	SWALL	ADDI-	
AMENDMENT A		REMAINI AFTEI AMENDM	٦	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAI FEE	-	RATE	TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9		OR	X\$18≃		
	Independent	*	Minus	***	=	X39	=	OR	X78=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_			 	
	•		•			+130		OR	+260=	<u> </u>	
				·	TO'	-	OR ADDIT. FEE				
		(Columi		(Column 2)	(Column 3)						
AMENDMENT B	2.00	CLAIM REMAIN AFTER AMENDM	ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9	=	OR	X\$18=		
	Independent	*	Minus	***	=	X39:	=	OR	X78=		
/]	FIRST PRESE	NTATION (OF MULTIPLE DE	PENDENT CLAIM		-	- 				
						+130		OR	+260=		
						TO ADDIT. F		OR	TOTAL ADDIT. FEE	L	
		(Column		(Column 2)	(Column 3)						
AMENDMENT C		CLAIM REMAINI AFTEF AMENDM	NG R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	=	X\$ 9	=	OR	X\$18=		
	Independent	*	Minus	***	= '	X39=		1	X78=	 	
	FIRST PRESE	NTATION (OF MULTIPLE DE	PENDENT CLAIM		A39=	-	OR	^/8=		
• 1	f the entry in colum	mn 1 is loss	than the entry in colu	ımn 2 write "0" in oo	dumn 3	+130		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:

Total Fee Calculation

	Err Cut	ा । संदेश	Number Extensión V	1 500	ş	• Tara:
	San Agr			2116	Eg Eang	
ತಿವಾದ ಕಾಗಿಯಾಗ ಕರಣ 	2,5 + + 5 + -	10	12	2		·
Total Claims > 10	2.5 1.7.5 2.5	9	: - 1 <u> </u>	100		• -
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Migic Des Claim Prisons	234.134			7		•
Gorcharg t	2000 000			<u> </u>		•
English Translation	110					<u></u>
TOTAL FEE CALCUL	NTON					· .
Fees due upon filiag (da applican	1.1	<i>(0</i>)		• •	
Total Filling Fees Due I	:= 5	<u> </u>	,00			
Lass Filling Fees Subr	mined - S					
BALA: CE DIE	= 5 <u>M</u> it Examinati	116 M	<u>-</u>			

Figure 7

FORM OIPE-PAM-01 (Rev. 12/97)